

|  |                                  |                  |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
|--|----------------------------------|------------------|------------------------------------|---------------|---|----------------------------------|----------------|------------------------------------|----------------|-------------|--------------|--------------|--------|--------|---|----------------------|------------|-----------|---|---|---------------------|------------------|----------|------------------|--|-------|----------------|-------|----------------|-------------|--|--------|--|------|--|------|--|-------|--|-------|--|------------------|--|------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD<br>Effective January 1, 2003   |                                  |                  |                                    |               | Application or Docket Number<br><i>10824312</i>   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| <b>CLAIMS AS FILED - PART I</b><br>(Column 1) (Column 2)   |                                  |                  |                                    |               | <b>SMALL ENTITY</b><br>TYPE <input type="checkbox"/> OR <b>OTHER THAN</b><br><b>SMALL ENTITY</b><br><br><table border="1"><tr><td>RATE</td><td>FEES</td><td>RATE</td><td>FEES</td></tr><tr><td>BASIC FEE</td><td>375.00</td><td>BASIC FEE</td><td>750.00</td></tr><tr><td>X\$ 9=</td><td></td><td>X\$18=</td><td><i>252</i></td></tr><tr><td>X42=</td><td></td><td>X84=</td><td><i>86</i></td></tr><tr><td>+140=</td><td></td><td>+280=</td><td></td></tr><tr><td colspan="2">TOTAL</td><td colspan="2">TOTAL</td><td><i>1076</i></td></tr></table> | RATE                             | FEES           | RATE                               | FEES           | BASIC FEE   | 375.00       | BASIC FEE    | 750.00 | X\$ 9= |   | X\$18=               | <i>252</i> | X42=      |   | X84=  | <i>86</i>           | +140=            |          | +280=            |  | TOTAL |                | TOTAL |                | <i>1076</i> |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| RATE   | FEES                             | RATE             | FEES                               |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| BASIC FEE  | 375.00                           | BASIC FEE        | 750.00                             |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| X\$ 9=   |                                  | X\$18=           | <i>252</i>                         |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| X42=   |                                  | X84=             | <i>86</i>                          |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| +140=  |                                  | +280=            |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| TOTAL  |                                  | TOTAL            |                                    | <i>1076</i>   |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| <table border="1"> <tr><td>TOTAL CLAIMS</td><td><i>34</i></td><td colspan="3"></td></tr> <tr><td>FOR</td><td>NUMBER FILED</td><td colspan="3">NUMBER EXTRA</td></tr> <tr><td>TOTAL CHARGEABLE CLAIMS</td><td><i>34</i> minus 20 =</td><td>*</td><td><i>14</i></td><td></td></tr> <tr><td>INDEPENDENT CLAIMS</td><td><i>14</i> minus 3 =</td><td>*</td><td><i>1</i></td><td></td></tr> <tr><td colspan="5">MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/></td></tr> </table> |                                  |                  |                                    |               | TOTAL CLAIMS  | <i>34</i>                        |                |                                    |                | FOR         | NUMBER FILED | NUMBER EXTRA |        |        | TOTAL CHARGEABLE CLAIMS   | <i>34</i> minus 20 = | *          | <i>14</i> |   | INDEPENDENT CLAIMS  | <i>14</i> minus 3 = | *                | <i>1</i> |                  | MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| TOTAL CLAIMS   | <i>34</i>                        |                  |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| FOR  | NUMBER FILED                     | NUMBER EXTRA     |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| TOTAL CHARGEABLE CLAIMS  | <i>34</i> minus 20 =             | *                | <i>14</i>                          |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| INDEPENDENT CLAIMS   | <i>14</i> minus 3 =              | *                | <i>1</i>                           |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>  |                                  |                  |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                                  |                  |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| <b>CLAIMS AS AMENDED - PART II</b><br>(Column 1) (Column 2) (Column 3)   |                                  |                  |                                    |               | <b>SMALL ENTITY</b><br>OR <b>OTHER THAN</b><br><b>SMALL ENTITY</b><br><br><table border="1"><tr><td>RATE</td><td>ADDITIONAL FEE</td><td>RATE</td><td>ADDITIONAL FEE</td></tr><tr><td>X\$ 9=</td><td></td><td>X\$18=</td><td></td></tr><tr><td>X42=</td><td></td><td>X84=</td><td></td></tr><tr><td>+140=</td><td></td><td>+280=</td><td></td></tr><tr><td colspan="2">TOTAL ADDIT. FEE</td><td colspan="2">TOTAL ADDIT. FEE</td><td></td></tr></table>  | RATE                             | ADDITIONAL FEE | RATE                               | ADDITIONAL FEE | X\$ 9=      |              | X\$18=       |        | X42=   |   | X84=                 |            | +140=     |   | +280=   |                     | TOTAL ADDIT. FEE |          | TOTAL ADDIT. FEE |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| RATE   | ADDITIONAL FEE                   | RATE             | ADDITIONAL FEE                     |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| X\$ 9=   |                                  | X\$18=           |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| X42=   |                                  | X84=             |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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| TOTAL ADDIT. FEE   |                                  | TOTAL ADDIT. FEE |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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|  | Total                            | *                | Minus                              | **            | =   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| Independent  | *                                | Minus            | ***                                | =             |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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|  | Total                            | *                | Minus                              | **            | =   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| Independent  | *                                | Minus            | ***                                | =             |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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| RATE   | ADDITIONAL FEE                   | RATE             | ADDITIONAL FEE                     |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| X\$ 9=   |                                  | X\$18=           |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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| +140=  |                                  | +280=            |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| TOTAL ADDIT. FEE   |                                  | TOTAL ADDIT. FEE |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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| Total  | *                                | Minus            | **                                 | =             |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| Independent  | *                                | Minus            | ***                                | =             |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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|  | Total                            | *                | Minus                              | **            | =   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| Independent  | *                                | Minus            | ***                                | =             |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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| RATE   | ADDITIONAL FEE                   | RATE             | ADDITIONAL FEE                     |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
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| +140=  |                                  | +280=            |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| TOTAL ADDIT. FEE   |                                  | TOTAL ADDIT. FEE |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| <table border="1"> <tr><td>Total</td><td>*</td><td>Minus</td><td>**</td><td>=</td></tr> <tr><td>Independent</td><td>*</td><td>Minus</td><td>***</td><td>=</td></tr> <tr><td colspan="5">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/></td></tr> </table>   |                                  |                  |                                    |               | Total   | *                                | Minus          | **                                 | =              | Independent | *            | Minus        | ***    | =      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| Total  | *                                | Minus            | **                                 | =             |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| Independent  | *                                | Minus            | ***                                | =             |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>  |                                  |                  |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br/>     ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."<br/>     ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."<br/>     The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>  |                                  |                  |                                    |               |   |                                  |                |                                    |                |             |              |              |        |        |   |                      |            |           |   |   |                     |                  |          |                  |  |       |                |       |                |             |  |        |  |      |  |      |  |       |  |       |  |                  |  |                  |  |  |